Under the Paperwork Reduction Act of 1995, no persons are regulard to respo PTD/SB/08 (08-03)
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PTD/SB/08 (08-03) U.S. Patont and Trac PATENT APPLICATION FEE DETERMINATION RECORD of to a collection of information unicase it displays a walld OMB control number. Substitute for Form PTO-875 Application or Docket Number CLAIMS AS FILED - PART I (Cohoma 1) (Cotumn 2) OTHER THAN SMALL ENTITY SMALL ENTITY MAKEER FILED BASIC FEE MUMBER EXTRA 78 G7 CFR 1.18(a)) TOTAL CLANUS (3) CFR 1.16(d) INDEPENDENT CLANAS OR 30, v (37 CFR 1.16(0)) OR MALTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) " if the difference in column 1 is less than zero, enter "O" in column 2. OR TOTAL CLAIMS AS AMENDED - PART II OR 1.314. (Cotumn 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER SMALL ENTITY OR OTHER THAN HOHEST ENDMENT NAMER SMALL ENTITY PRESENT PREVIOUSLY RATE AMENDMENT EXTRA ADDI-Total pront 1.16(4) PAID FOR RATE TIONAL FEE ADDI-TIONAL Allere OR PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(d) CO OR TOTAL ADD'L FEE TOTAL (Column 1) OR (Cotumn 2) (Calumn 3) 0 CLAIMS REMAINING HIGHEST NUMBER PREVIOUSLY AFTER PRESENT ENDMENT AMENDME ADOL-TIONAL PAID FOR RATE Total ADON TIONAL FEE ΩR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (EF CFR 1.1690) OR OR. TOTAL 0 TOTAL ADO'L FEE ADD'L FEE (Column 2) HIGHEST REMAINING MAMBER AFTER PRESENT RATE PAID FOR ADOI-, TIONAL FEE ENDUENT EXTRA TIONAL FEE Total profit tupo ₫ OR FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (87 CFR 1.18(4)) OR *. If the entry in column 1 is less than the entry in column 2, write "or in column 3.

** If the "Fightest Number Previously Paid For" in This SPACE is less than 10, enter "20".

The "Highest Number Previously Paid For" (I Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the inching patheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete its torm and/or supplettions for reducing this burdent, below. S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS OR

If you need assistance in completing the form, call 1-600-PTO-9199 and select option 2

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